Number of patients	24			
Number of lesions treated	57			
Number of stents placed	61			
Stent length, diameter (mm)	17.3±6.27mm, 2.93±0.56mm			
Length of follow-up	20.8±15.0 months			
Retransplantation	1/24			
MI/Mortality	1/24			
Angiographic Follow-up	6-12mo	2y	3y	≥4y
Binary restenosis	4.91% (3/61)	5.13% (2/39)	6.25% (2/32)	11.8% (2/17)
Target lesion revascularization	7.02% (4/57)	5.41% (2/37)	6.67% (2/30)	12.5% (2/16)
Quantitative coronary angiography (QCA)				
	Pre-procedure	Post-procedure*	Follow-up†	p-value
Reference vessel diameter (mm)	2.52±0.77	2.79±0.72	2.76±0.57	*<0.01, †0.02
Minimal lumen diameter (mm)	0.68±0.37	2.53±0.66	2.42±0.66	*<0.01, †<0.01
Diameter stenosis (%)	71.8±15.0	9.03±4.14	13.1±12.9	*<0.01, †<0.01

Paired t-test for pre-procedural values compared to post-procedure*, follow-up†

CATEGORIES CORONARY: PCI Outcomes

KEYWORDS Cardiac allograft vasculopathy, Drug-eluting stent, second generation, Heart transplant

TCT-453

Four Years Clinical Outcomes of Overlapping Everolimus-Eluting Stents compared with Sirolimus-Eluting Stents

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BACKGROUND The long-term safety and efficacy of stent overlap with second-generation drug-eluting stents (DES) have not been well established. We evaluated long-term clinical outcomes of overlapping everolimus-eluting stent (EES), as compared with sirolimus-eluting stent (SES).

METHODS This study was conducted on a multicenter database of percutaneous coronary intervention with DES. 903 Patients (SES, n=537; EES, n=366) were enrolled based on the following inclusion criteria: (1) patient receiving two overlapping SES or EES, and (2) follow-up period of at least four years. We evaluated major adverse cardiovascular event (MACE), defined as the composite of all-cause death, non-fatal myocardial infarction (MI) or target lesion revascularization (TLR).

RESULTS During the four years, follow-up EES showed a lower rate of MACE and TLR rate, as compared to SES (13% vs. 19%, p=0.027; 3% vs. 7% p=0.014, respectively). All-cause deaths and non-fatal MI rates were not significantly different between the EES and SES groups (9% vs. 9%, p=0.734; 2% vs. 3%, p=0.259, respectively). After propensity-score matching, the MACE and TLR of rate of EES group were significantly lower than those of SES group.

CONCLUSIONS Overlapping EES showed a significant lower rate in MACE and TLR, as compared to SES, in the long-term clinical follow-up.

CATEGORIES CORONARY: PCI Outcomes

KEYWORDS Drug-eluting stent, MACE, Overlap

TCT-454

High vs Low Dose Aspirin in Percutaneous Coronary Intervention: A Systematic Literature Review

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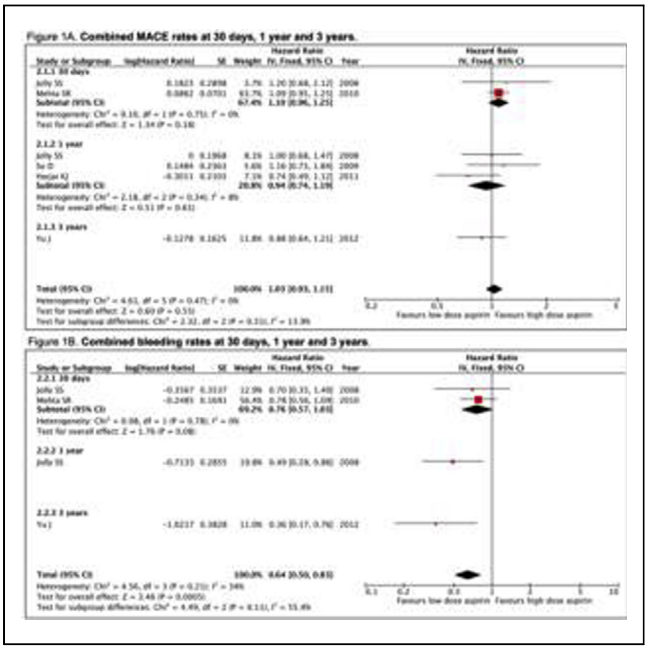
BACKGROUND Aspirin forms a crucial backbone of the Antiplatelet pharmacotherapy in patients undergoing percutaneous coronary intervention (PCI). However, there is uncertainty regarding the optimal dose to be prescribed. We aim to perform a systematic literature review on all studies comparing treatment with low and high dose aspirin in patients undergoing PCI.

METHODS A comprehensive literature search was performed by 2 independent reviewers utilizing MEDLINE, EMBASE and Cochrane Library databases. All trials comparing low dose and high dose aspirin in patients undergoing PCI were selected. Low dose was defined as <162mg and high dose as ≥162mg. Outcomes measured included major adverse cardiovascular events (MACE), defined as the composite of death, reinfarction, stroke and target vessel revascularization, and bleeding. In combining evidence across the trials, a fixed-effect method in RevMan 5.3 was used after ruling out heterogeneity based on the I2 test (I2<40%) to obtain hazards ratios for the outcomes.

RESULTS Five studies with a total of 27,456 patients were selected. Two studies evaluated outcomes at 30 days and three studies at 1 year. No significant difference was found in MACE rates when evaluating low dose against high dose aspirin (HR [95% CI], 1.03 [0.93-1.15]; p=0.55). Bleeding rates were significantly lower in the low dose aspirin group as compared to the high dose group (HR [95% CI], 0.64 [0.50-0.83]; p=0.0005). Two studies reporting stent thrombosis rates did not show any difference between both groups.



CONCLUSIONS Although there was no significant difference in MACE rates between the high and low dose aspirin groups, the high dose aspirin group appeared to be at a significantly increased risk of bleeding complications. This lends weight to the use of low dose aspirin in patients undergoing PCI.

CATEGORIES CORONARY: PCI Outcomes

KEYWORDS Aspirin, Percutaneous coronary intervention

TCT-455

Is There A Smoker's Paradox? Is There An Obesity Paradox? Is There An Obese-Smoker Double Paradox?

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BACKGROUND Whether a smoker's paradox exists with regards to early and late mortality outcomes for patients undergoing percutaneous coronary intervention (PCI) for acute coronary syndrome (ACS) is debated. Studies have produced inconclusive data on whether such a paradox exists or whether it can be explained by confounding